MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS I	AS FILED		AFTER 1"AMENDMENT			AFTER 2 ~AMENDMENT		
	IND.	DEP.	IND	. DI	P.	IND.	DEP		
1	J ,	1							
3	ļ	Н—					<u> </u>		
4	 	 	 	++-		18	 -		
5	 	1	1	++			 		
6		13	1	++-			 		
7		0		11			 -		
8		(0)							
9				1-1	_				
10 11	 	6	 	+1			 		
12	<u> </u>	(Z)	!	+			ļ		
13		1		++	-	 -	 		
14		0		11	7				
15				1					
16			 						
17 18			 -		-				
19				-					
20				1	-				
21									
22									
23				ļ	_		<u> </u>		
24 25				 					
26				 	\dashv				
27					+				
28									
29									
30 31					4				
32				-	╌				
33					╁				
34					1				
35									
36									
37									
-38- -39-					-	- ::			
40					+				
41					_				
42									
43		f							
44 45	 -	<u> </u>			- -				
46	 -				╂		·		
47	-+				+	-+			
48					1				
49					1				
50					Ţ		1771		
TAL IND.		+		-			#		
TAL DEP		+ [13	(Γ		←		
TOTAL LAIMS			14			1			
	EV. 11/04)		1-1	atilitizi alib	Ēİ		السكند الد		

	AS I	AS FILED		TER NDMENT	AFTER 2 MAMENDMENT	
·	IND.	DEP.	IND.	DEP.	IND.	DEP
51						
52 53		ļ				
54						
55	 	 				
56	 	 				
57	 					
58						
59	1					
60						
61						
62						
63	 					
64	ļ					
65]					
66	 					
68						
69	 					····
70						
71	 					
72						
73						
74						
75						
76						
77	L					
78						
79 80						
81						
82						
83						
84						
85						
86						
87						
88						
89 -			:	<u>.</u>		
90						
91 92					_	
93		I-				
94						
95						
96						
97						
98						
99						$\neg \neg$
100			100			
TOTAL IND.		+		+		+
TOTAL DEP						•
TOTAL CLAIMS		E DEPARTMI				

BEST AVAILABLE COPY